



Connecticut Academy of Physician Assistants

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Esteemed members of the Public Health Committee,

The Connecticut Academy of PAs submits this testimony with concern for the raised S.B. 921, *An Act Concerning the Scope of Practice of Advanced Practice Registered Nurses*.

Public Act 11-209, CGS 19a-15d-f requires a process for the review of scope of practice prior to statutory changes. While the APRNs underwent a scope of practice review in 2013, that request was to "...eliminate the requirement for the mandatory collaborative practice agreement with a physician." While the statement of purpose of Raised S.B. 921 is "To update the general statutes to reflect the current scope of practice of advanced practice registered nurses.," there is concern by ConnAPA that this bill actually expands scope in some cases, and as a result should follow the appropriate process as outlined in Connecticut General Statutes if scope expansion is the desired outcome.

Advanced practice registered nurses, after three years of collaborative practice, may register for independent practice, free of collaborative arrangements with a physician. Currently of the 5,577 licensed APRNs in Connecticut, only 587 have registered for independent practice. While APRNs have been updating statutes for several years for APRN inclusion, it is important to note that most have been updated in a very general sense to include all APRNs, whether collaborative or independent, and regardless of specialty or training.

While PA education is standardized nationwide, with education and experience across all major areas of medicine, APRN education varies greatly, with focus on a population. APRNs should then only practice within their area of expertise. Some of the statutes looking to include APRNs in this bill are very specialized, such as the areas of psychiatric treatment of a child. Pertinent areas include treating the child against the wishes of the parents and diagnosing autism, as well as removing an educational requirement currently necessary before mandating hospitalization of a psychiatrically ill child. While a psychiatric APRN may be very well educated and prepared to offer such abilities, other types of APRNs may not. If the section were modified to state, as elsewhere in this proposed bill, that the APRN is actually certified as a "psychiatric mental health provider" by the appropriate certification board, it may ensure more patient safety.

In the section regarding mammography reports, it is important that patients understand the instructions given to them. To make a passage about who the results will be going to more cumbersome by adding advanced practice registered nurse, it would make more sense to refer to an "ordering provider" instead of physician and advanced practice registered nurse.

In closing, as ConnAPA has discussed with this committee previously, further inclusion of APRNs in statutes, without including PAs, has the potential to further reduce the ability for PAs to provide care to the citizens of Connecticut. Though current language for the delegatory agreement that PAs have with physicians implies that all tasks can be delegated to PAs, that continues to not be the case in every day practice. Very often it is interpretation at local levels, that because a PA is not mentioned in statute, they therefore cannot provide a service. These continued statute adjustments that do not include PAs will continue to limit access to patients, and while PAs are broadly educated and are appropriate to provide such services, perhaps not all APRNs are based on the area they are educated in.

Thank you for your time and your service to the citizens of Connecticut.

Very respectfully,

Jason P. Prevelige, MHS, PA-C
Past President/Director at Large
Chair, Legislative Affairs Committee